

FORM PTO-1594
(Rev. 6-93)

OMB No. 0651-0011 (exp. 4/94)

RECORDATION FORM COVER SHEET
TRADEMARKS ONLYU.S. DEPARTMENT OF COMMERCE
Patent and Trademark OfficeTab settings: \Rightarrow \Rightarrow \Rightarrow ∇

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Canadian Imperial Bank of Commerce

- ☐ Individual(s) ☐ Association
☐ General Partnership ☐ Limited Partnership
☐ Corporation-State
☒ Other Agency

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☐ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☒ Other Release of Lien

Execution Date: October 19, 1998

2. Name and address of receiving party(ies)

Name: Cohen's Kosher Food, LLC

Internal Address: _____

Street Address: 2210 W. Oaklawn Dr, AR058124

City: Springdale State: AR ZIP: 72762

- ☐ Individual(s) citizenship _____
☐ Association _____
☐ General Partnership _____
☐ Limited Partnership _____
☐ Corporation-State _____
☒ Other Limited Liability Company-Delaware

If assignee is not domiciled in the United States, a domestic representative designation is attached: ☐ Yes ☒ No

(Designations must be a separate document from assignment)

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2,238,223

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Essa Hicks

Internal Address: _____

Street Address: 2210 W. Oaklawn Dr, AR058124

City: Springdale State: AR ZIP: 72762

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

☐ Enclosed☒ Authorized to be charged to deposit account

8. Deposit account number:

502227

(Attach duplicate copy of this page if paying by deposit account)

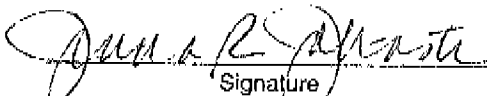
DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Jenna R. Johnston

Name of Person Signing



Signature

November 18, 2003

Date

Total number of pages including cover sheet, attachments, and document: 5Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments

Washington, D.C. 20231

REEL: 002749 FRAME: 0119

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CH \$40.00 502227 2238223

STATE OF NEW YORK

COUNTY OF NEW YORK

I hereby certify that on this 19th day of October, 1998, before the subscriber, a Notary Public personally appeared Cheryl Hook, who acknowledged himself to be an Employee of Canadian Imperial Bank of Commerce (the "Company") and that he, as such officer, being authorized so to do, executed the foregoing Release of Security Interests for the purpose therein contained by signing the name of the Company by himself as such officer.

Doreen Z. Jones
Notary Public

DOREEN Z. JONES
Notary Public, State of New York
No. 01J05064467
Qualified in Queens County
Commission Expires 9-9-02

EXHIBIT A

TO

RELEASE

TRADEMARK	REGISTERED OWNER	REGISTRATION NUMBER	REGISTRATION DATE
Casino Chef Hors D'oeuvres & Design	Cohen's Kosher Food, L.L.C.	75/329274	7/23/97
Faye's	Restauranic, Inc.	1,648,962	6/25/91